

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 2901
Registered No. 471

1. PLACE OF BIRTH

County Isila State Ariz.
District or Township Globe or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Miguel Guerra
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Apr. 30, 1929
Month Day Year

5. No., in order of birth. _____ 8. FATHER Full name Casimero Guerra 14. MOTHER Full maiden name Casimera Agilar

9. Residence (Usual place of abode) Globe Ariz. 15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 47 (Years) 16. Color or race Mex. 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Mexico (State or country) 18. Birthplace (city or place) Mexico (State or country)

13. Occupation miner. Nature of industry 19. Occupation Housewife Nature of industry

20. Number of children of this mother. 9 (a) Born alive and now living 9 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:00 P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T.C. Harper (Physician or Midwife)

Given name added from a supplemental report _____ Address Globe, Arizona
Month, day, year _____ Filled 5/18 1929 L.E. Wright Registrar
Registrar

471-430-319

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD